



See below and on the following pages for a listing of the approved and adopted **Clinical UM Guidelines**, effective January 1, 2012 and new **Radiology Guidelines**, effective April 1, 2011.

## Clinical Utilization Management Guidelines

### Approved and adopted by State Sponsored Business Effective January 1, 2012

To see the full clinical utilization management guidelines on the Anthem Blue Cross website, click [Anthem Blue Cross' Medical Policies and Clinical UM Guidelines for \(Local Plan members\)](#).

Guideline number	Clinical UM Guidelines name/title
<b>CG-ANC-04</b>	Ambulance Services - Air and Water
<b>CG-DME-01</b>	External (Portable) Continuous Insulin Infusion Pump
<b>CG-DME-07</b>	Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
<b>CG-DME-09</b>	Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump during the Post-Operative Period
<b>CG-DME-28</b>	Myoelectric Upper Extremity Prosthetic Devices
<b>CG-DME-31</b>	Wheeled Mobility Devices - Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
<b>CG-DME-33</b>	Wheeled Mobility Devices - Manual Wheelchairs-Ultra Lightweight
<b>CG-DRUG-03</b>	Beta Interferons or Glatiramer Acetate for Treatment of Multiple Sclerosis
<b>CG-DRUG-05</b>	Recombinant Erythropoietin Products
<b>CG-DRUG-07</b>	Hepatitis C Pegylated Interferon Antiviral Therapy
<b>CG-DRUG-08</b>	Pharmacotherapy for Gaucher Disease
<b>CG-DRUG-09</b>	Immune Globulin (Ig) Therapy
<b>CG-DRUG-13</b>	Hepatitis B Interferon Antiviral Therapy
<b>CG-DRUG-16</b>	White Blood Cell Growth Factors
<b>CG-DRUG-19</b>	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
<b>CG-DRUG-26</b>	Alefacept (Amevive®)
<b>CG-DRUG-27</b>	Clostridial Collagenase Histolyticum Injection
<b>CG-MED-19</b>	Custodial Care
<b>CG-MED-23</b>	Home Health
<b>CG-MED-26</b>	Neonatal Levels of Care
<b>CG-MED-29</b>	Inpatient Subacute Care
<b>CG-MED-31</b>	Skilled Nursing Facility Services
<b>CG-MED-37</b>	Intensive Programs for Pediatric Feeding Disorders

[www.anthem.com/ca](http://www.anthem.com/ca)

Guideline number	Clinical UM Guidelines name/title
<b>CG-REHAB-07</b>	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
<b>CG-REHAB-08</b>	Private Duty Nursing in the Home Setting
<b>CG-REHAB-09</b>	Acute Inpatient Rehabilitation
<b>CG-SURG-03</b>	Blepharoplasty, Blepharoptosis Repair, and Brow Lift
<b>CG-SURG-05</b>	Maze Procedure
<b>CG-SURG-08</b>	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
<b>CG-SURG-09</b>	Temporomandibular Disorders
<b>CG-SURG-12</b>	Penile Prosthesis Implantation
<b>CG-SURG-18</b>	Septoplasty
<b>CG-SURG-24</b>	Functional Endoscopic Sinus Surgery (FESS)
<b>CG-SURG-28</b>	Transcatheter Uterine Artery Embolization

## **American Imaging Management, Inc. Radiology Guidelines**

**Effective April 1, 2011**

Effective April 1, 2011, Anthem Blue Cross retired its Clinical Utilization Management Guidelines for advanced imaging services. We now follow **American Imaging Management, Inc. (AIM)** radiology guidelines. For more information, see AIM's website at [http://www.americanimaging.net/education/clinicalguidelines.html?utm\\_source=CorporateSite&utm\\_medium=DropNav&utm\\_content=ClinicalGuidelines](http://www.americanimaging.net/education/clinicalguidelines.html?utm_source=CorporateSite&utm_medium=DropNav&utm_content=ClinicalGuidelines).

Clinical Guideline	Diagnostic Imaging Procedures
<b>Head and Neck Imaging</b>	CT of the Head CTA of the Head - Cerebrovascular MRI of the Head MRA of the Head - Cerebrovascular Functional Brain MRI PET Brain Imaging CT of the Orbit, Sella Turcica, Posterior Fossa and the Temporal Bone, including Mastoids MRI of the Orbit, Face and Neck CT of the Paranasal Sinus Maxillofacial Area MRI of the Temporomandibular Joints CT of the Neck (Soft Tissue) CTA of the Neck MRA of the Neck
<b>Chest Imaging</b>	CT of the Chest CTA of the Chest MRI of the Chest MRA of the Chest MRI of the Breast

Clinical Guideline	Diagnostic Imaging Procedures
<b>Cardiac Imaging</b>	Nuclear Cardiology - Myocardial Perfusion Imaging Nuclear Cardiology - Cardiac Blood Pool Imaging Nuclear Cardiology - Infarct Imaging Stress Echocardiography Transesophageal Echocardiography (TEE) Resting Transthoracic Echocardiography (TTE) CT Cardiac (Structure) CCTA Coronary Artery CT - Evaluation of Coronary Calcification MRI - Cardiac PET Myocardial Imaging
<b>Abdominal and Pelvic Imaging</b>	CT of the Abdomen MRI of the Abdomen CTA/MRA of the Abdomen CTA of the Abdominal Aorta - Lower Extremity Run-off CT of the Pelvis MRI of the Pelvis CTA/MRA of the Pelvis CT of the Abdomen and Pelvis Combination CT Colonography
<b>Spine Imaging</b>	CT of the Cervical Spine MRI of the Cervical Spine CT of the Thoracic Spine MRI of the Thoracic Spine CT of the Lumbar Spine MRI of the Lumbar Spine MRA of the Spinal Canal
<b>Upper Extremity Imaging</b>	CT of the Upper Extremity MRI of the Upper Extremity (Any Joint) MRI of the Upper Extremity (Non-Joint) CTA/MRA Upper Extremity
<b>Lower Extremity Imaging</b>	CT of the Lower Extremity MRI of the Lower Extremity (Joint and Non- Joint) CTA/MRA of the Lower Extremity
<b>PET Imaging - Other Including Oncologic</b>	PET - Other PET Applications Including Oncologic Tumor Imaging
<b>Other</b>	Magnetic Resonance Spectroscopy (MRS) MRI - Bone Marrow Blood Supply Quantitative CT - Bone Mineral Densitometry